


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 30 1998 8:00am**  
**Secretary of State**



NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 759583 (8)**  
 1. Corporation Name  
**THE SAVANNAHS CONDOMINIUM ASSOCIATION SECTION 1, INC.**

Principal Place of Business 1725 LAKEFRONT BLVD FT PIERCE FL 34982 US	Mailing Address 1725 LAKEFRONT BLVD FT PIERCE FL 34982 US
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3. Date Incorporated or Qualified <b>08/12/1981</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-2205359</b>		
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**CORNETT, JANE**  
**WACKEEN, CORNETT & GOOGE**  
**401 E. OSCEOLA STREET**  
**STUART FL 34994**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELEGRINO, NANCY	
STREET ADDRESS	1754 LAKEFRONT BLVD	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMINS, ROBERT	
STREET ADDRESS	1715 W. ROYAL TERN LANE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOLON, CHARLOTTE	
STREET ADDRESS	1756 LAKEFRONT B;VD	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	KONOPELKO, SARAH	
STREET ADDRESS	1708 W. SANDERLING LANE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEBER, ARNOLD	
STREET ADDRESS	1775 S DOVETAIL DRIVE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SERDEL, ALFRED	
STREET ADDRESS	1744 LAKE FRONT BLVD.	
CITY-ST-ZIP	FT. PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DIRECTOR</b>
4.3 STREET ADDRESS	<b>BALOGH, LOUIS</b>
4.4 CITY-ST-ZIP	<b>1783 W ROYAL TERN LANE</b> <b>FORT PIERCE FL 34982</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/12/98** **561-334-8900**

CR2E037 (10/97)